City of Glendale Community Services & Parks Department

Day Camps

at Pacific Community Center

Campers Promise

- " I promise to keep my hands to myself at all times."
- " I promise that I will not use bad language."
- " I promise that I will not make fun of anyone."
- " I promise to respect my fellow campers and counselors at all times."
- "And I especially promise to make new friends and have lots of fun."

Counselors Promise

"We promise to make a fun, happy, healthy, and safe environment for all of our campers."

Counselors Disciplinary Techniques/Actions:

1st Offense - Verbal warning. Camper will be warned that the behavior is unacceptable and reminded what the proper behavior should be. If repeated, they will be given time away from the group.

2nd Offense- Verbal warning and a time out. Child is separated from the group and is given a time out which entails a break from the group or activity. This is a time for the camper to recollect and gather their thoughts. Then they will be asked to discuss the incident with a counselor.

3rd Offense- Verbal warning, time out and written reprimand with a follow up discussion with a parent or guardian at the end of the day.

If a child receives TWO (2) written reprimands while enrolled in the day camp program Nov. 20, 2017-Jan. 5, 2018 suspension or expulsion from camp may occur, depending on the severity of the situation.

*** Each situation is unique and appropriate action is handled accordingly.

I have read and discussed the "Campers Promise" with my child.			
Parent/Guardian Signature	Date		
I promise to follow the "Campers Promise."			
Campers Signature	Date		

Child's Name:				
PICK UP LIST of authorized individuals who have permission to pick up your child from the Day Camp program. We will not release a child to anyone who is not listed here: Please include mother/father, and siblings or relatives over the age of 18. Individual MUST show I.D.				
<u>Name</u>	Relationship	Phone Number		
Incident Log (to be completed by -	y day camp staff):			

COMMUNITY SERVICES & PARKS DEPARTMENT DAY CAMPS

MEDICAL INFORMATION ABOUT MY CHILD

Child's Name:	Date	of Birth:	Age:	
First Middle Home Address:	Last			
Home Telephone: ()		City		Zip Code
Parent or Guardian Name:First		Middle		Last
Relationship to Child (please mark "x"):	Mother	Father	<u> </u>	_ Guardian
Day Telephone: ()	Evening Te	lephone: ()	
Cell Telephone: ()	Pager: ()		
Emergency Contact Person (Other than Parent	or Guardian):	First	Middle	Last
Relationship:		<u> </u>		
Address: Street		City		Zip Code
Day Telephone: ()	Evening Te	lephone: ()	
Cell Telephone: ()	Pager: ()		
List child's medical conditions/problems:				
List all medications child is taking:				
List child's allergies to medicines or foods:				
List any additional, important, or useful info	ormation about y	our child:		
Name of Child's Physician:	Address:		Telephone	e:
HMO/Medical Insurance Company:	Policy or Plan	Number:	Telephone	e:
	Sianature e	f PARENT OR G	CIIARDIAN	

COMMUNITY SERVICES & PARKS DEPARTMENT $DAY\ CAMPS$

EMERGENCY MEDICAL CARE AUTHORIZATION

, I am responsible
and I am authorized to consent to medical and
program, and if I or the "Emergency Contact d, this Emergency Medical Authorization ("this
or treatment; and
ecial supervision, of any physician, dentist, or uthorization, my child may receive emergency a licensed hospital or emergency care facility. al treatment.
specific examination, diagnosis, treatment, or mergency medical care and treatment which, in ld.
Sections 6901, 6902, 6903, and 6910, is legally is required by law. This Authorization will be y Camp activities and while my child receives
RENT OR GUARDIAN

CITY OF GLENDALE COMMUNITY SERVICES & PARKS DEPARTMENT

DAY CAMPS PROGRAM

PARTICIPANT'S:

RELEASE OF LIABILITY & INDEMNITY AGREEMENT

<i>I</i> ,	, acknow	vledge that I have volu	untarily applied with the City of Glend	dale's
Community Services	and Parks Department ("the City") to pe	articipate in, and to t	travel to and from, the City's Day	Camp
Program, at:	, 20 to		Park \square Community Center,	
from	, 20 to	, 20_	<u>'</u> .	
include: using playgr obstacle courses, hand video games or indoo	the that I will be participating in indoor active ound equipment; playing outdoor games (band ball, tug-o-war, obstacle courses); swimming thockey; eating food and drinking a beveraged agree that occasionally I will travel to various	seball, kickball, softbal ng; making crafts; dan ge. Although these act	Il, dodge ball, parachute games, relay noing; stretching; singing; jumping; pl tivities take place at the location design	races, laying
hypothermia (chill lead tendons, and body part	ctivities and riding in a vehicle have risks the ding to a lowered body temperature); collision as; cuts and scrapes; pain or soreness; fatigue cold or hot temperatures; food and drink pois	with other persons, objeor exhaustion; dehydrati	ects, or structures; physical injury to mution; exposure to chemicals that burn the	iscles e eyes
the City's Community helmet, sunscreen, and and emotional health;	owledge that while I am participating in Day of Services and Parks Department. I agree to d other appropriate protective equipment for t (2) not suffering from any condition, disease rom, the activities; and (3) qualified to particip	provide myself with p he activities. I represent, or disability that can	protective body clothing, closed-toe should be not that I am: (1) in good physical conhinder or endanger my participation in	oes, a dition n, and
RECREATION PRO DEATH. I AM A KNOWLEDGE OF	THAT ACCIDENTS OCCASIONALLY OGRAM AND THAT THE PROGRAM'S AWARE THAT I AM VOLUNTARILY THE DANGER INVOLVED, AND I H OR PROPERTY DAMAGE. PLEASI	S ACTIVITIES HAVE PARTICIPATING . EREBY AGREE TO	TE A RISK OF SERIOUS INJURY IN THESE ACTIVITIES, WITH O ACCEPT ANY AND ALL RISKS	Y OR L MY
I HEREBY AGREE AGAINST, SUE, OR negligence, intentiona	DERATION for the City's permitting me to that I, my heirs, distributees, guardians, le PROSECUTE the City, its officers, agend, or other acts, howsoever caused, by the Cond transportation to and from, the activities.	gal representatives, ar s, or employees for in	nd assigns WILL NOT MAKE A CI njury, death, or damage arising out o	LAIM of the
DEFEND) the City, heirs, distributees, gi	EBY RELEASE, DISCHARGE, AND A its officers, agents, and employees from and uardians, legal representatives, or assigns f my participation in, and transportation to detail the second se	l against ALL ACTIO now have, or may lat	ONS, CLAIMS, OR DEMANDS that ter have from today, for injury, deal	I, my
	LY READ THIS AGREEMENT AND FUR IE OF LIABILITY AND A CONTRACT TO IWN FREE WILL.			
By m	y signature below, I certify that I am eightee	n (18) years of age or	older.	
	under the age of eighteen (18) years. My parent's/Guardian's Release of Liability & Indo	2	•	d the
		Participant's Signatur	re	
——————————————————————————————————————	ss City, State, Zip C	 Code	Home Telephone Number	

(4/12) Staff Initials_____ J:\FILES\DOCFILES\VARIOUS\INDEMNITY\DAY CAMP - 2012 - (4-10-12 2:25pm) - MGV.doc

CITY OF GLENDALE COMMUNITY SERVICES & PARKS DEPARTMENT

DAY CAMPS PROGRAM

PARENT'S / GUARDIAN'S:

RELEASE OF LIABILITY & INDEMNITY AGREEMENT

		Work Telephone Number
Home Address	City, State, Zip Code	Home Telephone Number
	Signature of Pare	ent or Guardian
THIS IS A RELEASE OF LIABILI		AND ITS CONTENTS. I AM AWARE THA' NIFY BETWEEN MYSELF (AND ON M ILL.
DEFEND) the City, its officers, agents, child, our heirs, distributees, guardians	and employees from and against ALL AC	DEMNIFY" (TO COMPENSATE AND TO CTIONS, CLAIMS, OR DEMANDS that I, m ave, or may later have from today, for injury and from— the activities.
activities, I HEREBY AGREE that I, m MAKE A CLAIM AGAINST, SUE, OI arising out of the negligence, intentional	ny child, our heirs, distributees, guardians, R PROSECUTE the City, its officers, age	tte in, and to be transported to and from, the legal representatives, and assigns WILL NO 2 nts, or employees for injury, death, or damag City or by any officer, agent, or employee of the activities.
RECREATION PROGRAM AND TH DEATH. I AM AWARE THAT MY O KNOWLEDGE OF THE DANGER IN	AT THE PROGRAM'S ACTIVITIES A CHILD IS VOLUNTARILY PARTICIPA	TY CHILD'S PARTICIPATION IN A YOUTH HAVE A RISK OF SERIOUS INJURY OF SERIOUS INJURY OF SERIOUS INJURY OF ACTIVITIES, WITH MY ACCEPT ON MY CHILD'S BEHALF AND PLEASE INITIAL:
supervision of a member from the City's body clothing, closed-toe shoes, a helme my child is: (1) in good physical condit	s Community Services and Parks Departm t, sunscreen, and other appropriate protecti ion and emotional health; (2) not suffering cipation in, and transportation to and from	amp activities, my child will be under adultent. I agree to provide my child with protectivities equipment for the activities. I represent that g from any condition, disease, or disability that n, the activities; and (3) qualified to participat
hypothermia (chill leading to a lowered bo tendons, and body parts; cuts and scrapes;	dy temperature); collision with other persons ; pain or soreness; fatigue or exhaustion; deh	re not limited to: slipping and falling; drowning s, objects, or structures; physical injury to muscles ydration; exposure to chemicals that burn the eye s; sickness; cardiac arrest; or a vehicle accident.
include: using playground equipment; pl obstacle courses, hand ball, tug-o-war, obs games or indoor hockey; eating food and	aying outdoor games (baseball, kickball, so tacle courses); swimming; making crafts; da drinking a beverage. Although these activities	or activities, or both. Typical daily activities may oftball, dodge ball, parachute games, relay races noting; stretching; singing; jumping; playing vide ities take place at the location designated above ons and amusement parks by bus, van, or car.
☐ Park ☐ Community Center, from	n, 20	to, 20
	applied with the City of Glendale's Commum, the City's Day Camp Program, at:	

CITY OF GLENDALE COMMUNITY SERVICES & PARKS DEPARTMENT

PARTICIPANT'S:

CONSENT, LICENSE, AND LIABILITY RELEASE AGREEMENT

TO USE MY IMAGE, VOICE, NAME, AND/OR LIKENESS

Home	Address C	ity, State, Zip Code	Home Telephone Number
Dated		Participant's Signature	
	I am under the age of eighteen (18) completed the "Parent's/Guardian's Cons		
	By my signature below, I certify that I a		
THAT THIS IS	EFULLY READ THIS AGREEMENT AS A CONSENT, LICENSE, AND LIAE OR LIKENESS. I SIGN THIS AGREEM	BILITY RELEASE AGREEMEI	NT TO USE MY IMAGE, VOICE
DEFEND) City distributees, g	HEREBY RELEASE, DISCHARGE, Asy and its representatives from and again uardians, legal representatives, or assign property, and/or reputation.	ainst ALL ACTIONS, CLAIMS,	OR DEMANDS that I, my heirs
CLAIM AGAI and/or reputat	GREE that I, my heirs, distributees, guants NST, SUE, OR PROSECUTE City and tion arising out of City's and its representation or promise breach of any representation or promise.	its representatives for injury or entatives' use of the Works an	damage to my person, property
	and acknowledge that after I sign this ntatives, and assigns are bound by— a otedly.		
interest— incl claim to inspe Personal Infor owed to me fo	and agree that City and its representated uding copyright— in the Personal Information of approve the Works and the evert mation. I also freely and voluntarily was or City's and its representatives' use, pull daptation, duplication, or reproduction of	rmation. I freely and voluntar entual use to which City and it ive any compensation, fee, roy plication, display, exhibition, dis	ily waive (give up) a right and/o is representatives may apply the alty, or damages— now or later— tribution, broadcast, performance
the Personal biographical representative	and agree that at City's and its repression. Information— with or without my natherial— alone or with any other es will not use the Personal Information ty standards of decency.	me, with a fictitious name, a material of any kind or na	and/or with fictitious or accurate ature, except that City and its
its officers, ag and City's lice permission to ("Personal Info photographs,	or voice recordings of me and/or my likely gents, employees and any person, entirensees, successors, and assigns (collect use, reproduce, distribute, publish, cormation"), in whole or in part by incorportion picture films, audio/video tapourposes ("Works").	ness and I hereby consent to C ty, or organization acting unde ctively, "City and its representa or otherwise display my imag porating the Personal Informati	r City's permission and authority tives") the unconditional right and e, voice, name, and/or likeness on into one or more publications
	lendale ("City") would like to use your resentations, media stories, web sites, a	nd social media.	

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City STAFF INITIALS _____

CITY OF GLENDALE COMMUNITY SERVICES & PARKS DEPARTMENT

PARENT'S:

CONSENT, LICENSE, AND LIABILITY RELEASE AGREEMENT TO USE MY CHILD'S IMAGE, VOICE, NAME, AND/OR LIKENESS

		Business Telephone Number
Home Address	City, State, Zip Code	Home Telephone Number
Dated	Signature of Parent or G	Guardian
THAT THIS IS A CONSENT, LICENS	GREEMENT AND FULLY UNDERSTAND E, AND LIABILITY RELEASE AGREEME I SIGN THIS AGREEMENT OF MY OWN FI	NT TO USE MY CHILD'S IMAGE,
DEFEND) City and its representatives f heirs, distributees, guardians, legal rep damage to me, my child, my property a	SCHARGE, AND AGREE TO "INDEMNIF from and against ALL ACTIONS, CLAIMS, presentatives, or assigns now have, or may and my child's property, and/or my reputation	OR DEMANDS that I, my child, our later have from today, for injury or and my child's reputation.
WILL NOT MAKE A CLAIM AGAINST me, my child, my property and my child	r successors, heirs, distributees, guardians, I, SUE, OR PROSECUTE City and its reproperty, and/or my reputation and my charter and/or Personal Information, and/on this Agreement.	esentatives for injury or damage to nild's reputation arising out of City's
	after I sign this Agreement, I, my child, our ssigns are bound by— and cannot revoke-	
interest— including copyright— in the claim, for myself and on my child's beh representatives may apply the Persor royalty, or damages— now or later— of	its representatives are, and will be, the ex Personal Information. I freely and volunta alf, to inspect or approve the Works and the nal Information. I also freely and volunta owed to me and/or my child for City's and it ast, performance, exploitation, adaptation, tion.	arily waive (give up) a right and/or e eventual use to which City and its rily waive any compensation, fee, as representatives' use, publication,
Personal Information— with or withou biographical material— alone or with an	and its representatives' sole discretion, City and its representatives' sole discretion, City and it my child's name, with a fictitious name, by other material of any kind or nature, except or any criminal or illegal purpose or in a material or illegal or ille	, and/or with fictitious or accurate ept that City and its representatives
understand that City may take photogr child's likeness and I hereby consent to person, entity, or organization acting und (collectively, "City and its representatives otherwise display my child's image, v incorporating the Personal Information in	, the parent/guardian of, aphs, videotape, other images, and/or voice of City's doing so. I hereby grant City, its of der City's permission and authority, and City's so, the unconditional right and permission to usoice, name, and/or likeness ("Personal Information to one or more publications, photographs, more mercial or non-commercial purposes ("Works).	officers, agents, employees and any solicensees, successors, and assigns use, reproduce, distribute, publish, or formation"), in whole or in part by otion picture films, audio/video tapes,
experience in publications, presentations	e to use your child's image, voice, and/or r s, media stories, web sites, and social media.	

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City STAFF INITIALS _____